



MRCA

MEDICAL REFRESHER COURSES FOR AFGHANS

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5) COURSES FOR AFGHAN STUDENTS

The purpose of the MRCA is to supply simultaneously an emergency help and a development help. That is the reason why, besides its surgical activity, the MRCA has set up a medical teaching program for young Afghans recruited in their own country.

The aim of this teaching program is to develop a medical tissue in Afghanistan in order to help the reconstruction of the country after war.

For this purpose, the MRCA works in tight collaboration with the MTA at Hayatabad hospital in order to teach medical auxiliaries.

TEACHING

The MTA teaches theoretical and practical general Medicine for a 16 months period.

This mainly consists in the training of simple techniques and actions, in accordance with the precarious exercise of Medicine in Afghanistan.

During that teaching period, the students follow at the MRCA a practical course in 3 units: surgery, anaesthesiology and dentistry.

Besides, the MRCA welcomes formerly trained medical auxiliaries who have practiced in Afghanistan and come back to Peshawar to receive a second-cycle training in the services quoted above.

Moreover, the MRCA and the MTA manage analysis and X-Ray laboratories where lab-technicians and X-Ray operators can be taught.

The MRCA, having a complete medico-surgical structure at its disposal, represents an ideal training ground for students.

RECRUITMENT

The students are recruited through Peshawar parties and commanders inside Afghanistan with whom AMI keeps in touch. A health Ministry was recently organised among the interim government at Peshawar. In some medically organised areas, a health officer sends Afghans to Peshawar for training.

However, the greatest majority of the students still come from commanders.

GENERAL PRESENTATION

1) A HISTORICAL SURVEY

The MRCA, Medical Refresher Courses for Afghans, was founded in October 1985 in Peshawar, capital of the North-West-Province-Frontier, Pakistan.

The founder of MRCA, Arielle Calmejane, a specialized anaesthetist nurse, had two basic ideas:

- to set up a surgery unit in order to treat the Afghan refugees of Peshawar.
- to organize the teaching of medical cares to some young Afghans who will afterwards return to Afghanistan.

Open in April 1986 on the G.T Road coming out from Peshawar, this school-hospital has been run by A. Calmejane for two years before being run by the "Oeuvres Hospitalières Françaises de l'Ordre de Malte (OHFOM).

The hospital was moved in February 1989 to the new surgical unit of Hayatabad.

In Hayatabad (in the Peshawar suburbs near the Khyber Pass) are gathered 5 humanitarian aid projects. The two medical projects, the MRCA and the MTA (Medical Training for Afghans) are collaborating closely.

Thus, the MRCA which has kept its original inspiration has two priorities:

- to give medical treatments to the Afghan refugees living almost exclusively in the camps managed by the UNHCR (United Nations Commissioner for Refugees) in Peshawar.
- to teach the young Afghans sent by the MTA or other NGOs in order to prepare them for their future role in Afghanistan.

5 OPERATING

The lab is open 6 days a week and receives 8 to 10 patients a day (that is to say 10 to 15 negatives).

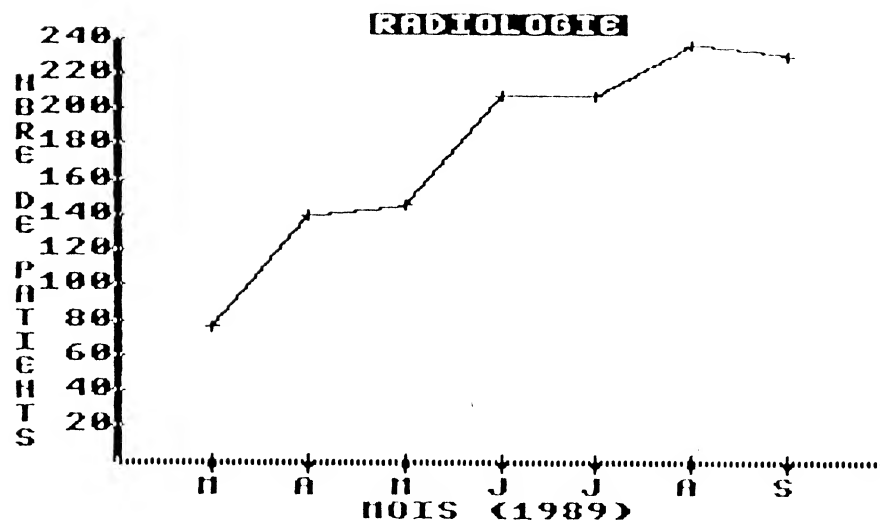
On the whole, the patients come from the MRCA and the MTA.

The various X-Ray negatives executed are:

- pulmonary X-Rays (many tuberculosis)
- abdomen X-Rays (lithiasis...)
- legs and arms X-Rays (foreign material: burts, bullets; fractures)

Those X-Ray negatives constitute tree quaters of the lab. activity. Other specialized exams are executed only by the expatriate (rectal injections, oesophagus transit, urography) which are not taught to the students.

ACTIVITY DIAGRAM



According to the diagram, the activity of the X-Ray lab. is in regular increase.

Crew: 1 expatriates lab. assistant and 1 Afghan lab. technician dealing with the analysis. The expatriate supervises his work and is entrusted with the students' training.

Material: the lab. has at its disposal 4 microscopes, 1 electric centrifugal machine, 1 distillery, 1 balance and also the various glass- working equipment.

§ OPERATING

The lab. is open every day except in Friday from 7:00 AM to 1:00 PM. The various analysis executed for the MRCA and the MTA are:

- blood analysis (malaria search; blood elements formulation and numerotation; hemoglobin; sedimentation speed.)
- urins analysis (cytology; glucose and albumin quantity; the lab doesn't do any cultures)
- spits analysis (K.B search: tuberculosis)
- feces analysis (parasits search)

These analysis are quiet easy; many others more sophisticated, are executed outside the hospital in the Muslim lab.

D) X-RAY LABORATORY

§ STRUCTURE

The X-Ray lab has been operational since March 1989, under the management of the MRCA and the MTA, and under the responsability of the MRCA. The financing is distriduted in the same way as in the case of the analysis lab.

Crew: 1 expatriated . The Afghan X-Ray technician who had received a training has been fried after an unjustified absence of several months. The expatriate is to begin the training of a new X-Ray technician.

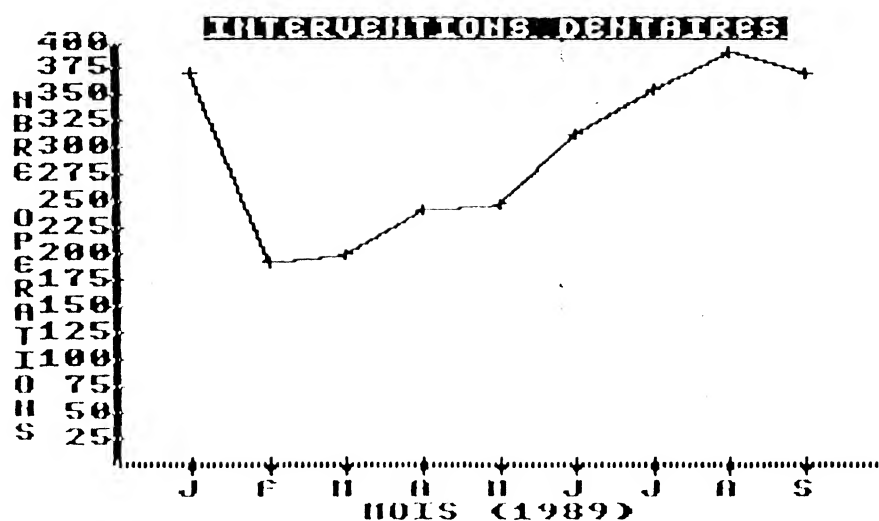
Material: the lab. has at its disposal 1 X-Ray table, 1 mural stand, 1 generator, 1 dark room and the various small cassettes equipment (2 for each standard format) as well as films.

ACTIVITY CURVES

1989 dental operations

Month	J	F	M	A	M	J	J	A	S
Operations number	372	192	199	244	248	314	357	392	371

Diagram.



According to the diagram, an average of 300 operations are done in a month. The transfer of the MRCA from G.T Road to Hayatabad has caused a large drop in dental operations over February and March 1989.

C) ANALYSIS LABORATORY

§ STRUCTURE

The analysis laboratory has been operational since January 1989, under the joint management of the MRCA and the MTA and under the responsibility of the MTA. The MRCA, the MTA and the AMI are each responsible for a third of its financing.

Some variations can also be explained by the presence of different surgeons.

We also note a decrease during the RAMADAN period.

d) Cooperation

An agreement has been reached in October 1989 between the MRCA's surgeon and a team of German surgeons from the German Committee. The latter, specialized in plastic surgery, have practiced operations at the MRCA during the first week of October 1989.

This collaboration work will be renewed in December 1989 and in 1990 as well.

B) DENTAL UNIT

§ STRUCTURE

The dental room is running thanks to an Afghan dentist previously trained at the MRCA, who now is in charge of the dental cares and the students' training.

The dentistry equipment includes:

- 1 armchair
- 1 turbin equiped unit
- 1 counter angle
- 1 water-air sringe
- 1 scialytic

By the way can be done all the conservation treatments, composites an droots treatments. (no prothesis)

§ OPERATING

The unit is open every day except on Friday, from 8:00 AM to 1:00 PM. The patients come without any appointment and receive a number corresponding to their arrival order.

The dental activity takes one third of extractions and two thirds of conservation cares.

Plastic surgery	3	0	3	7	5	5	2	0	1
Miscellaneous	10	5	17	8	8	7	14	16	18

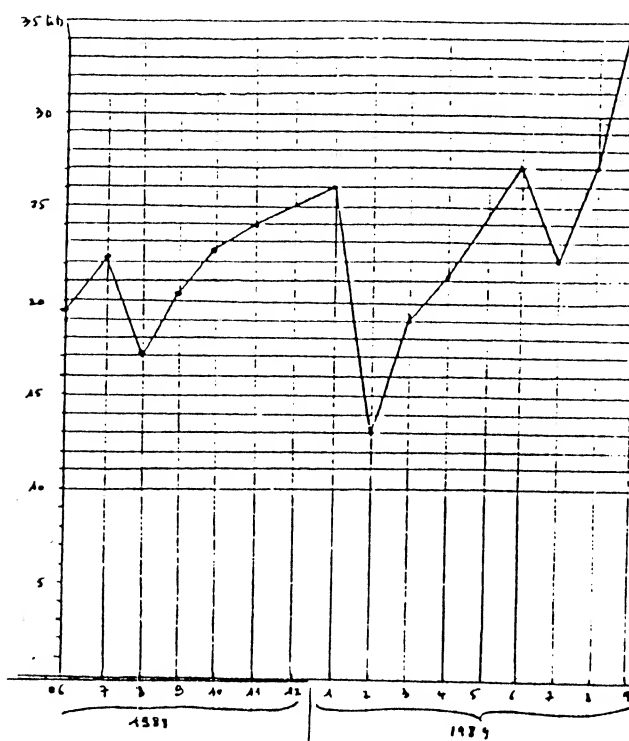
To be noticed:

- a sharp increase of the war traumatology in March-April 1989 (Jellalabad battle)
- a slow increase of total surgical activity starting from July 1989.

c) Occupied beds

Month	J	F	M	A	M	J	J	A	S
Beds number	26	13	19	21	25	27	22	27	35

Diagram



Starting from June 1989 the average increase of the occupied beds can be explained by the use of an extra bedroom.

Diagram.



Variations curves.

Some curves variations have particular causes. Thus the 1989 February strong decrease is due to the MRCA's moving to Hayatabad.

By the way the March and April impressive top reflects the high number of war wounded that have been evacuated during the Jellalabad battle and directed to the MRCA.

Averages.

The 1988 surgical operations' average was getting close to 31 operations a month. In 1989, it was up to 42 operations a month.

b) 1989 detail operations

	J	F	M	A	M	J	J	A	S
Septic orthopaedics	2	1	1	0	3	0	3	2	5
Aseptic orthopaedics	1	0	5	2	0	6	4	3	2
General surgery	2	0	1	3	7	6	6	7	4
War traumatology	6	2	17	20	1	1	5	4	2
Nephrology/Urology	3	0	1	1	3	8	5	1	2
Abdominal surgery	15	2	23	14	14	14	5	5	8
out of which hernia	12	2	18	8	5	10	4	2	6

2 24 21

c) post-operative

The immediate and late post-op takes place in the service (there is no intensive care unit). That can be a limiting factor of the operation activity.

4) Operation activity

The MRCA practices two kinds of surgery:

- related surgery: visceral surgery, traumatology, orthopedics.

"That kind of surgery, even though less spectacular and in focus, is nevertheless of absolute necessity, mostly as, after all, these refugees are also casualties of war". (Dr Graviou 1987)

- war surgery

Most of the time, the operations are carried out under ketamin general anaesthesia. Rachy- anaesthesia are also done.

1989 ACTIVITY CURVES

a) 1989 surgical operations

J	F	M	A	M	J	J	A	S
41	9	66	54	42	48	45	38	43

3) Hospitalisations

Work planning

a) the morning

The expatriated nurse, the registered nurse, two nurses and one help-nurse are in duty; they are executing:

- the patients' toilet
- the pre-op cares
- the sheets turn-over
- the prescribed treatments from the 8:15 o'clock round
- the rooms and instruments cleaning

Between each duty, the nurses communicate the last patients informations.

b) the afternoon

The expatriated nurse and a nurse are on duty; their job consists in:

- the operated watch
- the time slice prescribed cares
- the food program
- the clean-up, sterilization and locking of the instruments.

c) the night

A nurse does:

- the time slice prescriptions
- the patients watch and so on.

OPERATING PHASES

a) the pre-op set-up

The biological basic exams are done at the hospital by the analysis laboratory. The more sophisticated ones are sent to the Peshawar Muslim laboratory.

The other investigation exams (X-Ray and endoscopy) are done:

- either by the Khyber hospital (university hospital)
- either by private doctors of one of the two town bazars; the exams are known faster.

b) the pre-op preparation

It is done the morning of the operation. Different formalities have been taught to the Afghan nurses so that the patient arrives to the operating theater in good hygienic conditions.

3) Crew

Let us recall that the expatriate surgical team is composed of one surgeon, one anaesthesiology specialized nurse, one O.R nurse and one general purpose nurse.

The general purpose nurse is in charge of the hospital service. She is in charge of 7 Afghan nurses. 5 nurses help her, one help-nurse takes care of the beds and one registered nurse helps out as an intermediate between the expatriated nurse and the rest of the Afghan team.

The O.R nurse supervises the work of the two O.R auxiliaries.

5 OPERATING

1) A typical day

- beginning of the visit around 8:15 AM with the whole team and the students.
- Operations untill 2:00 or 3:00 PM in an average of 3 operations.
- Consultations and examination of the admissions at the end of the surgery program.
- On-call duty.

2) Recruitment of the patients

The recruitment of the patients is done by 3 ways.

a) The consultation unit

Twice a week, on Tuesday and Saturday are selected the patients that need surgery. The surgeon does the consultations with the help of an Afghan nurse that translates. 30 to 40 patients come to each consultation.

The patients are refugees with no medical attention that come from the camps near Peshawar or woundeds with chronical complications.

b) Peshawar hospitals

Some patients come from the other hospitals in Peshawar (Red Cross, Arabic hospital, Afghan hospital of Peshawar...) that direct them to the MRCA.

c) The emergencies

This unit is managed by the MTA that alerts the team of the MRCA if there is an emergency. It mostly concerns war woundeds (this happened during the battle of Jellalabad in February/March 1989) or accidents in the refugees camps.

HOSPITALIER ACTIVITIES

It is important to underline that all the medical cares at the MRCA are free.

A) SURGERY

§ STRUCTURE

1) The premises

The surgery unit of the MRCA has at its disposal:

- 9 rooms which each receives 4 or 5 patients plus one relative for each patient (local hospital habits). This comes to a total of 40 beds.
- 2 operating theaters (1 septic room and one aseptic room)
- 1 pharmacy
- 1 room for consultations
- 1 emergency room
- 1 dressing room

2) Technical devices

- | | |
|---------|---|
| SURGERY | <ul style="list-style-type: none">- 1 sterilisation unit- 1 cleaning and preparing instruments room- 1 ambulant X-Ray machine- 1 reserve |
|---------|---|

It is soon expected that the Sweedish Committee put one "poupinel" and one new scialytic at the disposal of the MRCA.

- | | |
|-----------------|--|
| ANAESTHESIOLOGY | <ul style="list-style-type: none">- 1 oxygen source- 1 insuflator- A few masks- Gastrical tubes- 1 aspiration device |
|-----------------|--|

All in all, the surgical capabilities of the unit are about the same as those of a normal French clinic in the 1960's.

4) X-RAY LABORATORY (MRCA/MTA)

The teaching of X-Ray operators began in April 1989. The expatriated technician teaches 2 students during 2 months. At the end of the training he attends the students in Afghanistan in order to supervise their installation.

Some NGOs, now the Sweedish Committee and MSH, supply the students' material.

Untill now, 3 sessions have been carried out, that is the training of 6 students.

5) ANALYSIS LABORATORY (MRCA/MTA)

The lab. technicians training began in February 1989. The expatriate teaches 4 students during 4 months.

The students undergo a theoretical class and a practical course.

Some NGOs supply the students' material at the end of the training for their return in Afghanistan.

Till now, 6 students have been trained.

2) ANAESTHESIS

The students also undergo an anaesthesiology course including a 25 hours theoretical class and a 3 week O.R period.

a) Theoretical course

- basics
- ketamin anaesthesiology
- general anaesthesia laps
- incidents and troubles during G.A
- local anaesthesia products
- local anaesthesia basics

b) Practical training

The students acquaint themselves with the asepsis and the instruments handling during the first week. The two other weeks are devoted to the apprenticeship of ketamin general anaesthesia.

c) Remarks

We are dealing with an initiation in the basic techniques considering of the modest medical level of the trainees, the reduced technical means and the precarious situation prevailing in Afghanistan.

This is the reason why the teaching is intentionally limited; only ketamin is used: the safety in usage and the absence of cardio-vascular side effects explain why ketamin is used in war surgery, transportation of the woundeds and analgesia.

3) DENTISTRY

An Afghan dentist is in charge of the dental cares and the teaching of the students. He gives theoretical and practical courses, 3 weeks long for the MTA's students and 2 months long for the students coming from outside NGOs. It's now the case of the Sweedish Committee and the Norwegian Committee.

The students will be able , at the end of their training, to make a diagnosis, to take care fo the anaesthesia, to practice dental extractions and scalements, to treat a gingivit, an affection and to spread a short period cement.

A student with an average of 30 extractions is able to handle the technique. The worst will have to practice from 50 to 60 extractions.

6) SPECIALISED TEACHING

1) SURGERY

The MTA's students are submitted to a relatively brief training composed of a 25 hours theoretical course and a 4 week practical training at the operating theater.

a) Theoretical course

- basic surgery
- polytrauma management
- traumatology
- amputation technique
- thoracic trauma treatment
- management of a head victim
- burn victim care
- abdominal emergency, abdomen trauma, cuts and urology system.

b) Practical training

The students work as O.R auxiliaries to familiarize themselves with the asepsis and the instruments handling. They assist the surgeon and practise on their own adces incisions, stiches and immobilisations.

In point of fact the students must be able to take care about a trauma limbs.

c) Remarks

The expatriate surgeon is dealing with the problem of teaching in a very short time surgical basics to Afghans who mostly have no ideas of medical and surgical techniques in order to enable them to take care of woundeds in Afghanistan.

On the other hand, "one must never forget that the magic side of surgery, putting ahead the gesture beneth before and after, must be demystified". (1989.09.07 file).

The students have to supply a letter of introduction from their commander, so as to make sure that they will go back to their area after training.

Besides recruitment by commanders and parties, students can be sent by cross-boarder NGOs, settled in Afghanistan, who need medical auxiliaries. These NGOs then recruit themselves the students that they send to Peshawar with an introduction letter in order to follow the MRCA/MTA training.

ADMISSION

- Students are male Afghans, 23 to 30 years old. Women cannot get out of their families.

The required educational level officially corresponds to the French baccalaurat, class 12 in Afghanistan.

In fact, it is asked to the students to be able to read, write and count. Personal motivation remains the most important criterium.

- Students are also selected in function of their original area, because they are not movable. They are generally recruited in remote and isolated areas, the neediest ones.

Town areas usually have better equipment, and frontier areas near Pakistan can directly refer to Peshawar.

RESULTS

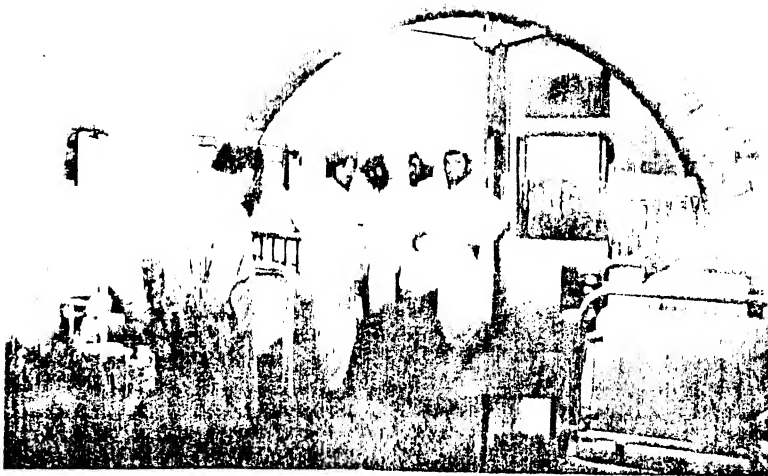
Till now, 4 sessions have been carried out, that is the training of 53 medical auxiliaries. The 5th session started in May 1989 with 20 students.

Out of the 53 trained students, 50 have gone back to Afghanistan. The AMI team keeps track of the students during their missions inside the country.

MRCA. Number of students in 1989.

- first promotion MRCA/MTA	18
- second promotion MRCA/MTA	17
- analysis lab.	
4 students during 4 months	12
- X-Ray lab.	
2 students during 2 months	12
- dentistry	
1 student during 1 month	12
- extra students from NGOs	15
(estimation)	-----
TOTAL:	86

MRCA HOSPITAL



Une des 9 chambres du MRCA.
Infirmiers afghans.



Bloc opératoire.
Chirurgien et étudiants
afghans.



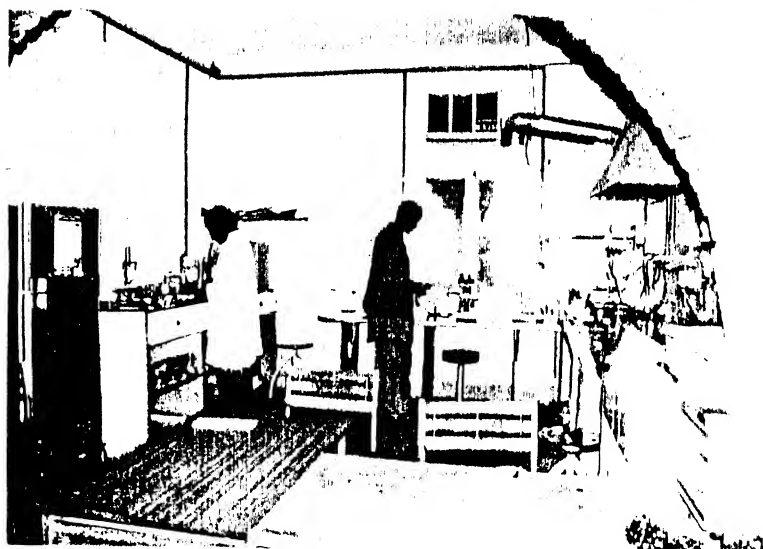
Bloc opératoire.
Anesthésiste et étudiant afghan.



Cabinet dentaire.



Laboratoire de rayons X.



Laboratoire d'analyses.